

L20000 372638

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

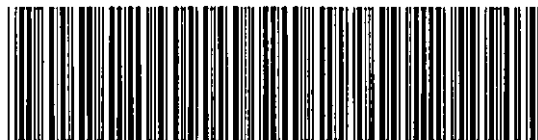
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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11/24/20--01020--003 \*\*125.00

Derrick Thompson  
12/08/2020

**COVER LETTER**

**TO: New Filing Section  
Division of Corporations**

**SUBJECT:** AJM CONSTRUCTION SOLUTIONS LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ANTHOMY J. MINIO

\_\_\_\_\_  
Name of Person

AJM CONSTRUCTION SOLUTIONS LLC

\_\_\_\_\_  
Firm/Company

2711 Tamiami Trail Unit C

\_\_\_\_\_  
Address

Port Charlotte, Florida 33952

\_\_\_\_\_  
City/State and Zip Code

Tonyminio@hotmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Anthony J. Minio

941

380-0822

at (\_\_\_\_\_) \_\_\_\_\_

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$160.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**Mailing Address**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

New Filing Section Division  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

AJM CONSTRUCTION SOLUTIONS LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

2711 Tamiami Trail Unit C  
Port Charlotte, Florida 33952

**Mailing Address:**

2711 Tamiami Trail Unit C  
Port Charlotte, Florida 33952

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Anthony J Minio

Name

1656 Geranium Ave

Florida street address (P.O. Box **NOT** acceptable)

North Port

Florida

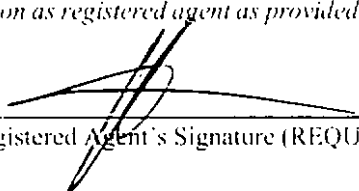
34288-7804

City

State

Zip

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..*

  
\_\_\_\_\_  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

**Name and Address:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Anthony J Minio  
Geranium Ave  
North Port, Florida 34288-7804

AMGMR

Oren Schneiderovitch  
2711 Tamiami Trail Unit C  
Port Charlotte, Florida 33952

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: November 1, 2020. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

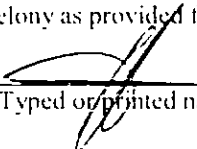
**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**

  
\_\_\_\_\_  
**Signature of a member or an authorized representative of a member.**

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.  
I am aware that any false information submitted in a document to the Department of State  
constitutes a third degree felony as provided for in s.817.155, F.S.

Anthony J Minio

  
\_\_\_\_\_  
Typed or printed name of signee

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent  
\$ 30.00 Certified Copy (Optional)  
\$ 5.00 Certificate of Status (Optional)

November 3, 2020

New Filing Section  
Division of Corporations  
The Centre of Tallahassee  
2415 Monroe Street Suite 810  
Tallahassee, Florida 32303

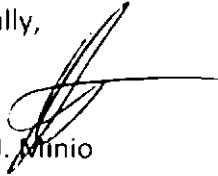
RE: Anthony J. Minio  
FEIN: 80-0320617  
1656 Geranium Ave.  
North Port, Florida 34288-7804  
Email: [Tonyminio@hotmail.com](mailto:Tonyminio@hotmail.com)

Dear Sir/Ms:

I, Anthony J. Minio, former owner of AJM Construction Solutions, LLC.  
Registration Number: L08000116181 acknowledge that I will not revoke the  
dissolution filed by the State of Florida on this Limited Liability Company.

I have made application and will be filing for a New Limited Liability Company  
and request the use of the name AJM Construction Solutions, LLC. to be used as  
my New Limited Liability Company name.

Respectfully,

A handwritten signature in black ink, appearing to be 'Anthony J. Minio', with a long horizontal stroke extending to the right.

Anthony J. Minio  
MGR  
Contact: 941-380-0822

cc: File Copy  
Encl: Articles of Organization/LLC.